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	States Dorthern D							Voluntary	Petition
Name of Debtor (if individual, enter Last, Fir Torres, Miriam	st, Middle):			Name	of Joint De	ebtor (Spouse) (Last, First,	Middle):	
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):							Joint Debtor in trade names)	n the last 8 years	
Last four digits of Soc. Sec. or Individual-Tax (if more than one, state all)	payer I.D. (I7	ΓΙΝ)/Comj	plete EIN	Last fo	our digits of than one, state	f Soc. Sec. or	Individual-T	axpayer I.D. (ITIN) N	No./Complete EIN
xxx-xx-9094 Street Address of Debtor (No. and Street, City 2313 W. 47th St., 2nd Fl Chicago, IL	, and State):		ZIP Code	Street	Address of	Joint Debtor	(No. and Stre	eet, City, and State):	ZIP Code
		[6	60609						Zir Code
County of Residence or of the Principal Place Cook							•	ce of Business:	
Mailing Address of Debtor (if different from s	treet address)):		Mailir	ng Address	of Joint Debt	or (if differen	t from street address)):
			ZIP Code						ZIP Code
Location of Principal Assets of Business Debt (if different from street address above):	or								
Type of Debtor (Form of Organization) (Check one box)			of Business					tcy Code Under Wh	ich
Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities check this box and state type of entity below.)	Single in 11 Railro Stock	h Care Buse Asset Re U.S.C. § 1 bad broker modity Broking Bank	siness eal Estate as 101 (51B)	defined	Chapt Chapt Chapt Chapt Chapt Chapt	er 7 er 9 er 11 er 12	☐ Ch of a ☐ Ch of a	apter 15 Petition for a Foreign Main Proce apter 15 Petition for a Foreign Nonmain F	eeding Recognition
Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending:	Debtor under	Tax-Exer (Check box r is a tax-ex Title 26 of	mpt Entity , if applicable empt organize the United State	ation ates	defined		(Check onsumer debts,	busi for	ts are primarily ness debts.
Filing Fee (Check one b	ox)		I —	one box:	1	-	ter 11 Debto		
■ Full Filing Fee attached □ Filing Fee to be paid in installments (applicable attach signed application for the court's consider debtor is unable to pay fee except in installment Form 3A. □ Filing Fee waiver requested (applicable to chapt attach signed application for the court's consider	ration certifying s. Rule 1006(b) er 7 individuals	g that the). See Office s only). Mu	ial Check i Check i Check i Check a Check a Check a Check a	Debtor is not f: Debtor's agging less than the all applicable applan is bein acceptances	a small busing regate nonco \$2,490,925 (as boxes: a filed with of the plan w	ness debtor as on ntingent liquida amount subject this petition.	ated debts (excl	2. § 101(51D). S.C. § 101(51D). Luding debts owed to ins on 4/01/16 and every th. one or more classes of c	ree years thereafter).
Statistical/Administrative Information ☐ Debtor estimates that funds will be availab ☐ Debtor estimates that, after any exempt pre- there will be no funds available for distributions.	operty is excl	uded and	administrati		es paid,		THIS	SPACE IS FOR COUR	TUSE ONLY
Estimated Number of Creditors	1,000-	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000			
Estimated Assets	\$1,000,001 to \$10	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				
Estimated Liabilities \$0 to \$50,001 to \$100,001 to \$500,001 \$550,000 \$100,000 \$500,000 to \$1 million	\$1,000,001 to \$10	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				

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Page 2 Name of Debtor(s): Voluntary Petition Torres, Miriam (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Location Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. \mathbf{X} /s/ Rayed Yasin June 24, 2015 (Date) Signature of Attorney for Debtor(s) Rayed Yasin Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(04/13)

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Miriam Torres

Signature of Debtor Miriam Torres

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

June 24, 2015

Date

Signature of Attorney*

X /s/ Rayed Yasin

Signature of Attorney for Debtor(s)

Rayed Yasin 6284297

Printed Name of Attorney for Debtor(s)

Victory Law Office

Firm Name

3818 S. Harlem Ave. Lyons, IL 60527

Address

Email: ryasin@victorylawoffice.com

312-600-7000 Fax: 708-777-1638

Telephone Number

June 24, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Torres, Miriam

Signatures

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

X

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Northern District of Illinois

In re	Miriam Torres		Case No.	
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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B 1D (Official Form 1, Exhibit D) (12/09) - Cont.	Page 2
± • • •	(a 109(h)(4) as impaired by reason of mental illness or mental and making rational decisions with respect to financial
• `	109(h)(4) as physically impaired to the extent of being in a credit counseling briefing in person, by telephone, or ombat zone.
☐ 5. The United States trustee or bankruptcy requirement of 11 U.S.C. § 109(h) does not apply in	administrator has determined that the credit counseling this district.
I certify under penalty of perjury that the	information provided above is true and correct.
Signature of Debtor:	/s/ Miriam Torres Miriam Torres
Date: June 24, 2015	

В

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B6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

In re	Miriam Torres		Case No		
-		Debtor	,		
			Chapter	7	

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	3	43,737.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		30,620.80	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			3,300.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,345.00
Total Number of Sheets of ALL Schedu	ules	18			
	T	otal Assets	43,737.00		
			Total Liabilities	30,620.80	

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B 6 Summary (Official Form 6 - Summary) (12/14)

United States Bankruptcy Court Northern District of Illinois

In re	Miriam Torres		Case No.	
_		Debtor	,	
			Chapter	7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

State the following:

Average Income (from Schedule I, Line 12)	3,300.00
Average Expenses (from Schedule J, Line 22)	3,345.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	3,700.00

State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		30,620.80
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		30,620.80

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B6A (Official Form 6A) (12/07)

In re	Miriam Torres	Case No.
-		,
		Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

Current Value of Debtor's Interest in Property, without Deducting any Secured Claim

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

In re	Miriam Torres	Case No
_		Debtor

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A B a minor child by John Doe guardian." Do not disclose the child's name. See, 11 U.S.C. 8112 and Fed. R. Bankr. P. 1007(m)

	Type of Property	N O Description and Location of Property E	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	Total cash on hand	-	200.00
2.	Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Bank of America Checking	-	75.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	X		
4.	Household goods and furnishings, including audio, video, and computer equipment.	General items of household goods and furnishings	-	200.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X		
6.	Wearing apparel.	General items of wearing apparel	-	200.00
7.	Furs and jewelry.	x		
8.	Firearms and sports, photographic, and other hobby equipment.	X		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	New York Life - Life Insurance Policy, no cash out value	-	35,000.00
10.	Annuities. Itemize and name each issuer.	x		
		(Total	Sub-Tot of this page)	al > 35,675.00

2 continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

In	re Miriam Torres		Case No
		Debtor	 ;
	\$	SCHEDULE B - PERSONAL (Continuation Sheet)	PROPERTY
	Type of Property	N O Description and Location E	of Property Husband, Current Value of Wife, Debtor's Interest in Property, Without Deducting any Community Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X	
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	x	
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	x	
14.	Interests in partnerships or joint ventures. Itemize.	x	
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	x	
16.	Accounts receivable.	X	
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	x	
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.	2014 Tax Refund	- 6,562.00
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	x	
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance	x	

Sub-Total > (Total of this page)

6,562.00

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

Χ

policy, or trust.

21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the

debtor, and rights to setoff claims. Give estimated value of each.

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B6B (Official Form 6B) (12/07) - Cont.

In re	Miriam Torres	Case No	
_			

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	Х			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	2	005 Chrysler T & C; 170k miles	-	1,500.00
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	X			

Sub-Total > (Total of this page)

1,500.00

Total >

43,737.00

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B6C (Official Form 6C) (4/13)

In re	Miriam Torres		Case No	
-		Debtor ,		

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)

11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds

\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

■ 11 U.S.C. §322(0)(3)			
Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<u>Cash on Hand</u> Total cash on hand	735 ILCS 5/12-1001(b)	200.00	200.00
<u>Checking, Savings, or Other Financial Accounts, Canal Account</u>	Certificates of Deposit 735 ILCS 5/12-1001(b)	75.00	75.00
Household Goods and Furnishings General items of household goods and furnishings	735 ILCS 5/12-1001(b)	200.00	200.00
Wearing Apparel General items of wearing apparel	735 ILCS 5/12-1001(a)	200.00	200.00
Interests in Insurance Policies New York Life - Life Insurance Policy, no cash out value	215 ILCS 5/238	35,000.00	35,000.00
Other Liquidated Debts Owing Debtor Including Ta 2014 Tax Refund	ax <u>Refund</u> 735 ILCS 5/12-1001(b)	3,525.00	6,562.00
<u>Automobiles, Trucks, Trailers, and Other Vehicles</u> 2005 Chrysler T & C; 170k miles	735 ILCS 5/12-1001(c)	1,500.00	1,500.00

Total: 40,700.00 43,737.00

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B6D (Official Form 6D) (12/07)

In re	Miriam Torres	Case No.
-	De	otor,

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors hold:	ıng	secu	ared claims to report on this Schedule D.					
ODEDITORIO NA ME	C	Hu	usband, Wife, Joint, or Community				AMOUNT OF	
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)		J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	O O Z H _ Z G U Z H	N L I Q U I D A	D I SPUTED	CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No.				Т	D A T E D			
			Value \$		D			
Account No.								
			Value \$					
Account No.						П		
			Value \$					
Account No.								
			Value \$			Ц		
continuation sheets attached			S (Total of th	ubto nis p				
			(Report on Summary of Sci		ota ule	- 1	0.00	0.00

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B6E (Official Form 6E) (4/13)

In re	Miriam Torres	Case No.
-		Debtor ,

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

total also on the Statistical Summary of Certain Elabinities and Related Data.
■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
☐ Domestic support obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relation of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
☐ Extensions of credit in an involuntary case
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of trustee or the order for relief. 11 U.S.C. § 507(a)(3).
☐ Wages, salaries, and commissions
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sale representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
☐ Contributions to employee benefit plans
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of busine whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
☐ Certain farmers and fishermen
Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
☐ Deposits by individuals
Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
☐ Taxes and certain other debts owed to governmental units
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
☐ Commitments to maintain the capital of an insured depository institution
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
☐ Claims for death or personal injury while debtor was intoxicated
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

In re	Miriam Torres	Case No.
-		Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME,	C	Н	usband, Wife, Joint, or Community	CO	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETORE SO STATE	ONTINGENT	LIQU	U T F	AMOUNT OF CLAIM
Account No. xxxxxxxxxxx7200			Opened 6/06/14 Last Active 3/01/15 Credit Card	N T	DATED		
Bk Of Amer Po Box 982235 El Paso, TX 79998		-	oroule our a				2,988.00
Account No. xxxxxxxxxxxx2444	╁	t	Opened 8/22/11 Last Active 4/01/15	+	t	H	
Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238		-	Credit Card				323.00
Account No. xxxxxxxxxxx4462	╀	-	Opened 3/15/14 Last Active 3/01/15	+	\vdash	_	323.00
Chase Card Po Box 15298 Wilmington, DE 19850		_	Opened 3/13/14 Last Active 3/01/13				2,839.00
Account No. xxxxxxxxxxx1940	╁		Opened 4/10/14 Last Active 3/11/15	+	\vdash		
Comenity Bank/Carsons 3100 Easton Square PI Columbus, OH 43219		_	Charge Account				291.00
		_	I .	 Subt	L_ tota	1	
continuation sheets attached			(Total of				6,441.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Miriam Torres	Case No	
_		Debtor ,	

	<u> </u>		ahand Wife laint as Community	T_	111	L	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COZHLZGEZH	Q U I	I S P U T E	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx6127			Opened 3/05/12 Last Active 4/01/15	٦٠	D A T E D		
Comenity Bank/Roomplce Po Box 182789 Columbus, OH 43218		_	Charge Account		D		2,338.00
Account No. xxxxxxxxxxxx3997			Opened 12/11/12 Last Active 3/01/15	+	\vdash	H	
Comenity Bank/Vctrssec Po Box 182789 Columbus, OH 43218		_	Charge Account				
							616.00
Account No. 6730 John Stroger Hospital PO Box 70121 Chicago, IL 60673		_	01/15 Medical				259.00
Account No. xxxxxxxxxxxx6629 Kohls/Capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051		_	Opened 7/05/12 Last Active 3/01/15 Charge Account				241.00
Account No. xxxxxxxxx2120 Mcydsnb 9111 Duke Blvd Mason, OH 45040		_	Opened 8/21/13 Last Active 3/12/15 Charge Account				317.00
Sheet no. <u>1</u> of <u>4</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			3,771.00

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B6F (Official Form 6F) (12/07) - Cont.

In re	Miriam Torres	Case No	
_		Debtor ,	

CDEDITODIS NAME	С	Hu	sband, Wife, Joint, or Community		С	U	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLA IS SUBJECT TO SETOFF, SO STATE	TA /	ONTINGEN		I S P U T E D	AMOUNT OF CLAIM
Account No. 0375			01/15		T	T E		
Mile Square 1220 South Wood Street Chicago, IL 60608		-	Medical			D		000.00
Account No. 5509			01/15 Collection					203.00
Nationwide Credit PO Box 26314 Lehigh Valley, PA 18002		-	Conection					
								815.50
Account No. xxxxxxxxxxxx428 Syncb/Old Navy Po Box 965005 Orlando, FL 32896		-	Opened 8/06/12 Last Active 4/01/15 Charge Account					123.00
Account No. xxxxxxxxxxxx9230 Syncb/Sams Club Po Box 965005 Orlando, FL 32896		-	Opened 2/26/14 Last Active 3/12/15 Charge Account					595.00
Account No. xxxxxxxxxxxx6974 Syncb/Tjx Cos Po Box 965005		_	Opened 8/25/14 Last Active 3/01/15 Charge Account					333.00
Orlando, FL 32896								240.00
Sheet no. 2 of 4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(To	Sotal of th		ota		1,976.50

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B6F (Official Form 6F) (12/07) - Cont.

In re	Miriam Torres	Case No	_
-		Debtor ,	

	1	ш	sband, Wife, Joint, or Community	Tc	U	Г	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	COXHLXGEXH	Q U I	I S P U T E	AMOUNT OF CLAIM
Account No. xxxxxxxxxxxx7219			Opened 7/07/13 Last Active 3/11/15		D A T E D		
Syncb/Walmart Po Box 965024 Orlando, FL 32896		-	Charge Account		D		204.00
Account No. xxxxx6104	┢		Opened 10/01/13 Last Active 3/12/15	+			
Td Bank Usa/Targetcred Po Box 673 Minneapolis, MN 55440		_	Credit Card				
							120.00
Account No. x7AAC UIC Pathology 4810 Paysphere Circle Chicago, IL 60674	_	-	01/15 Medical				83.40
Account No. x6975			05/14	$^{+}$			
UIC Physician Group 3293 Payshere Circle Chicago, IL 60674		-	Medical				40.00
Account No. x6975	┢	-	04/15	+			40.00
UIC Physician Group 3293 Payshere Circle Chicago, IL 60674	-	_	Medical				1,044.00
Sheet no. 3 of 4 sheets attached to Schedule of	_			Sub			1,491.40
Creditors Holding Unsecured Nonpriority Claims			(Total of	his	pag	ge)	.,

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B6F (Official Form 6F) (12/07) - Cont.

In re	Miriam Torres	Case No	_
-		Debtor	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. xxxxx1554 University of Illinois Hospital PO Box 12199 Chicago, IL 60612	C O D E B T O R	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. 05/15 Medical	CONTINGENT	l L	D	: 1	AMOUNT OF CLAIM
Account No. 0373 University of Illinois Hospital PO Box 12199 Chicago, IL 60612	-	-	06/14 Medical					1,825.00
Account No. 0371 University of Illinois Hospital PO Box 12199 Chicago, IL 60612		-	06/14 Medical					2,601.00
Account No. 0374 University of Illinois Hospital PO Box 12199 Chicago, IL 60612		-	12/14 Medical					2,190.25
Account No.								
Sheet no4 of _4 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this				16,940.90
			(Report on Summary of So	7	Γota	al	Ī	30,620.80

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B6G (Official Form 6G) (12/07)

In re	Miriam Torres	Case No.
_		Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-21759 Doc 1 Filed 06/24/15 Entered 06/24/15 11:29:56 Desc Main Document Page 21 of 43

B6H (Official Form 6H) (12/07)

In re	Miriam Torres	Case No.
-		Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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Official Form B 6I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are a supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse is not filling with you, do not include information about your spouse. If attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation Book Keeper Integrity HCC Services Employer's address 8707 Skoke	wing post-petition chapter ne following date: 12/13 equally responsible for formation about your f more space is needed,		
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (If known) Check if this is: An amended filing A supplement show 13 income as of the MM / DD/ YYYY Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Book Keeper Include part-time, seasonal, or self-employed work. Occupation may include student Employer's name Integrity HCC Services 8707 Skoke	wing post-petition chapter ne following date: 12/13 equally responsible for formation about your f more space is needed,		
Case number (If known) Check if this is: An amended filing A supplement show 13 income as of the MM / DD/ YYYY Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are a supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include inf spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Debtor 1 Debtor 2 or nor Employed Not employed Not employed Not employed Not employed Not employed Integrity HCC Services Employer's name Employer's address 8707 Skoke	wing post-petition chapter ne following date: 12/13 equally responsible for formation about your f more space is needed,		
Official Form B 6 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are a supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known pages). Part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Occupation Debtor 1 Debtor 2 or nor lemployed Not employed Not employed Not employed Not employed Not employed Remployed Not employed Not employed Remployed Not employed Not employed Remployed Remployed Not employed Not employed Remployed	wing post-petition chapter ne following date: 12/13 equally responsible for formation about your f more space is needed,		
Official Form B 6I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are a supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse is not filing with you, do not include information about your spouse. If attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known pages) is not include informatio	12/13 equally responsible for formation about your f more space is needed,		
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known part 1: Describe Employment 1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Debtor 1 Debtor 1 Debtor 2 or nor Employed Not employed Not employed Not employed Include part-time, seasonal, or self-employed work. Decupation Book Keeper Include part-time, seasonal, or self-employed work. Employer's name Employer's address 8707 Skoke	equally responsible for formation about your f more space is needed,		
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known pages, write your name and case num	equally responsible for formation about your f more space is needed,		
supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known pages) if known pages, write your name and case number (if known pages) if known pages, write your name and case number (if known pages) if known pages,	formation about your f more space is needed,		
information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student Employer's address Debtor 1 Employed □ Not employed	i). Answer every question		
attach a separate page with information about additional employers. Cocupation Employment status □ Not employed □ Not employed □ Not employed □ Not employed Include part-time, seasonal, or self-employed work. Employer's name Integrity HCC Services 8707 Skoke	n-filing spouse		
information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student Employer's address Not employed Integrity HCC Services 8707 Skoke			
Include part-time, seasonal, or self-employed work. Doccupation Book Keeper Integrity HCC Services Integrity HCC Services 8707 Skoke	☐ Not employed		
self-employed work. Employer's name Integrity HCC Services Occupation may include student Employer's address 8707 Skoke			
or homemaker, if it applies. Suite 310 Skokie, IL 60077			
How long employed there? 7 Months			
Part 2: Give Details About Monthly Income			
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the more space, attach a separate sheet to this form.	, c		
	Debtor 2 or -filing spouse		
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$	N/A		
3. Estimate and list monthly overtime pay. 3. +\$ +\$\$	N/A		
4. Calculate gross Income. Add line 2 + line 3. 4. \$\\$ 3,700.00 \$\\$	N/A		

Copy line 4 here 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependence	4.	For I	Debtor 1		ebtor 2 or iling spouse	
 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm	4.	\$				
 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify:		Ť	3,700.00	\$	N/A	
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 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependence 	5b.	\$	0.00	\$	N/A	
 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependence 	5c.	\$	0.00	\$	N/A	
 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependence 	5d.	\$	0.00	\$	N/A	
 5g. Union dues 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependence 	5e.	\$	0.00	\$	N/A	
 5g. Union dues 5h. Other deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependence 	5f.	\$	0.00	\$	N/A	
 Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. Calculate total monthly take-home pay. Subtract line 6 from line 4. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm	5g.	\$	0.00	\$	N/A	
 Calculate total monthly take-home pay. Subtract line 6 from line 4. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm	5h.+	\$	0.00	+ \$	N/A	
 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependence of the property and property and from operating a business, profession, or farm 	6.	\$	400.00	\$	N/A	
 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependence of the property and from operating a business, profession, or a dependence of the profession of the profess	7.	\$	3,300.00	\$	N/A	
regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: 8g. Pension or retirement income 8h. Other monthly income. Specify:	8c. 8d. 8e.	\$ \$ \$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	N/A N/A N/A N/A N/A	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
10. Calculate monthly income. Add line 7 + line 9.	10. \$	3	,300.00 + \$		N/A = \$ 3.	,300.00
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			1 -			,000.00
11. State all other regular contributions to the expenses that you list in Schedle Include contributions from an unmarried partner, members of your household, you other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are respecify:	our depen			-	chedule J. 11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Schedules and Statistical Summary of Ceapplies					12. \$ 3 .	,300.00
13. Do you expect an increase or decrease within the year after you file this fo ■ No.					Combined	

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Fill i	n this informa	ation to identify yo	our case:					
Debt		Miriam Torre				Ch	eck if this is: An amended filing	
Debt					_		A supplement show	wing post-petition chapter
(Spo	use, if filing)						13 expenses as of	the following date:
Unite	ed States Bank	ruptcy Court for the:	NORTH	IERN DISTRICT OF ILL	INOIS		MM / DD / YYYY	
	e number lown)						A separate filing for 2 maintains a separate	or Debtor 2 because Debtor arate household
		orm B 6J	_					
		J: Your l						12/13
info num	rmation. If nober (if know		eded, atta ry question	. If two married people ich another sheet to th n.				
Part 1.	Is this a joi		noia					
		es Debtor 2 live	in a separ	ate household?				
	□ N		st file a sep	parate Schedule J.				
2.	Do you hav	e dependents?	□ No					
	Do not list D and Debtor		Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state dependents				Daughter		12 Years	□ No ■ Yes
					Son		15 Years	□ No ■ Yes
					Daughter		18 Years	□ No ■ Yes
					Daughter		19 Years	□ No ■ Yes
3.	expenses of	penses include of people other to d your depende	han 🗖	No Yes				
exp	mate your e	a date after the l	our bankrı	uptcy filing date unless				apter 13 case to report of the form and fill in the
the		h assistance an		government assistanc cluded it on <i>Schedule l</i>			Your exp	enses
4.		or home owners		ses for your residence or lot.	. Include first mortgage	e 4.	\$	900.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's				4b.	· ·	0.00
				upkeep expenses		4c.	· ! ———————————————————————————————————	0.00
_		eowner's associat				4d. 5	\$	0.00
2	AUUILIUUSI	mortoade navme	コロてら さつじ VC	ur residence such as l	nome equity loans	2	.70	0.00

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Deb	tor 1	Miriam T	orres	Case num	ber (if kno	wn)
6.	Utiliti	ies.				
0.	6a.		heat, natural gas	6a.	\$	250.00
	6b.	-	wer, garbage collection	6b.	· -	75.00
	6c.		e, cell phone, Internet, satellite, and cable services	6c.	·	300.00
	6d.	Other. Spe		6d.	· -	0.00
7.			ekeeping supplies		· —	1,000.00
8.			children's education costs	8.	\$	0.00
9.			ry, and dry cleaning	9.	\$	100.00
-		O,	products and services	10.	· -	100.00
		-	ntal expenses	11.	· —	250.00
			Include gas, maintenance, bus or train fare.	11.	Ψ	230.00
12.			ar payments.	12.	\$	250.00
13.			clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.			ributions and religious donations	14.		0.00
	Insur		······································		*	
			surance deducted from your pay or included in lines 4 or 20.			
		Life insura	, , ,	15a.	\$	0.00
	15b.	Health ins	urance	15b.	\$	0.00
	15c.	Vehicle ins	surance	15c.	\$	120.00
	15d.	Other insu	rance. Specify:	15d.	\$	0.00
16.	Taxes	s. Do not in	clude taxes deducted from your pay or included in lines 4 or 20.		· —	
	Speci		, , , , , , , , , , , , , , , , , , ,	16.	\$	0.00
17.	Insta	Ilment or le	ease payments:			
	17a.	Car payme	ents for Vehicle 1	17a.	\$	0.00
	17b.	Car payme	ents for Vehicle 2	17b.	\$	0.00
	17c.	Other. Spe	ecify:	17c.	\$	0.00
	17d.	Other. Spe	ecify:	17d.	\$	0.00
18.	Your	payments	of alimony, maintenance, and support that you did not report as	3		
			your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.	·	0.00
19.	Othe	r payments	s you make to support others who do not live with you.		\$	0.00
	Speci			19.		
20.			erty expenses not included in lines 4 or 5 of this form or on Scho			
			s on other property	20a.	·	0.00
		Real estat		20b.	· -	0.00
			nomeowner's, or renter's insurance	20c.	· —	0.00
			nce, repair, and upkeep expenses	20d.	· —	0.00
			er's association or condominium dues	20e.	· —	0.00
21.	Othe	r: Specify:		21.	+\$	0.00
22	Your	monthly e	xpenses. Add lines 4 through 21.	22.	\$	3,345.00
۷۷.			r monthly expenses.	22.		3,343.00
23			monthly net income.			
_0.		-	12 (your combined monthly income) from Schedule I.	23a.	\$	3,300.00
			monthly expenses from line 22 above.	23b.		3,345.00
	200.	copy you.	monthly expended from the 22 above.	200.		3,343.00
	23c.	Subtract v	our monthly expenses from your monthly income.			
			is your monthly net income.	23c.	\$	-45.00
			•			_
24.			an increase or decrease in your expenses within the year after yo			
			u expect to finish paying for your car loan within the year or do you expect your r terms of your mortgage?	nortgage pa	syment to i	ncrease or decrease because of a
	_		tomo or your mortgage:			
	■ No					
	☐ Ye					
	Expla	ain:				

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

In re	Miriam Torres			Case No.			
			Debtor(s)	Chapter	7		
	DECLARATION	CONCERN	ING DEBTO	R'S SCHEDUL	ES		
	DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR						
	I do close under monelty of monitor	v that I have mad	d the female inc.	ummami and aabadul	as consisting of 20		
	I declare under penalty of perjury sheets, and that they are true and correct to	,	0 0	•	es, consisting of		
	shoots, and that they are true and correct t		, mio wiedge, mior	marion, and benefit			
Date	June 24, 2015	Signature	/s/ Miriam Torre	S			
			Miriam Torres				
			Debtor				

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

United States Bankruptcy Court Northern District of Illinois

In re	Miriam Torres		Case No.	
		Debtor(s)	Chapter	7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$12,800.00 2015 YTD: Debtor Employment Income \$50,545.00 2014: Debtor Employment Income \$42,679.00 2013: Debtor Employment Income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

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3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR Springleaf Financial 1616 W 47th Street Chicago, IL 60609

DATES OF **PAYMENTS** 04/15

AMOUNT PAID \$2,800.00

AMOUNT STILL OWING \$0.00

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF

AMOUNT PAID OR VALUE OF

AMOUNT STILL

NAME AND ADDRESS OF CREDITOR

PAYMENTS/ **TRANSFERS**

TRANSFERS

OWING

None

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL **OWING**

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER NATURE OF **PROCEEDING**

COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY**

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

VLO PC 3818 S Harlem Lyons, IL 60534 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR **05/15**

AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

\$999

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10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

(S) IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF **ENVIRONMENTAL** SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS

GOVERNMENTAL UNIT NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

None

NAME

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

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20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

DATE OF INVENTORY

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns,

controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

None

ADDRESS

DATE OF WITHDRAWAL

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

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25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

* * * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date	June 24, 2015	Signature	/s/ Miriam Torres
		-	Miriam Torres
			Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

United States Bankruptcy Court Northern District of Illinois

		Not that if Dis	strict or minior	•	
In re	Miriam Torres			Case No.	
]	Debtor(s)	Chapter	7
	CHAPTER 7 IN	DIVIDUAL DEBTO	OR'S STATEM	ENT OF INTEN	TION
PART	A - Debts secured by property of property of the estate. Attach			mpleted for EAC l	H debt which is secured by
Proper	ty No. 1				
Credit -NONE	or's Name: -		Describe Prope	erty Securing Debt	:
	ty will be (check one): Surrendered	☐ Retained	•		
	ning the property, I intend to (check Redeem the property Reaffirm the debt Other. Explain	at least one): (for example, avo	oid lien using 11	U.S.C. § 522(f)).	
	ty is (check one): Claimed as Exempt		□ Not claimed	as exempt	
Attach a	B - Personal property subject to une additional pages if necessary.)	expired leases. (All three	e columns of Part	B must be complete	ed for each unexpired lease.
	's Name:	Describe Leased Pro	operty:	Lease will be U.S.C. § 365 ☐ YES	e Assumed pursuant to 11 (p)(2):
	re under penalty of perjury that t al property subject to an unexpire		intention as to a	ny property of my	estate securing a debt and/or
Date _	June 24, 2015	Signature	/s/ Miriam Torre Miriam Torres	s	

Debtor

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United States Bankruptcy Court Northern District of Illinois

In r	re Miriam Torres	Case No.					
		Debtor(s) Chapter	7				
	DISCLOS	URE OF COMPENSATION OF ATTORNEY FOR DE	EBTOR(S)				
1.	compensation paid to me wit	a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-n lin one year before the filing of the petition in bankruptcy, or agreed to be paid lebtor(s) in contemplation of or in connection with the bankruptcy case is as fo	to me, for services rendered or to				
	For legal services, I hav	agreed to accept \$	999.00				
	Prior to the filing of this	statement I have received \$	999.00				
		\$	0.00				
2.	The source of the compensat	on paid to me was:					
	■ Debtor □ (ther (specify):					
3.	The source of compensation	o be paid to me is:					
	■ Debtor □ (ther (specify):					
4.	■ I have not agreed to shar	the above-disclosed compensation with any other person unless they are mem	bers and associates of my law firm.				
		above-disclosed compensation with a person or persons who are not members gether with a list of the names of the people sharing in the compensation is atta					
5.	In return for the above-discl	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	b. Preparation and filing of	nancial situation, and rendering advice to the debtor in determining whether to ny petition, schedules, statement of affairs and plan which may be required; or at the meeting of creditors and confirmation hearing, and any adjourned head]					
	reaffirmation agr	secured creditors to reduce to market value; exemption planning ements and applications as needed; preparation and filing of mot oidance of liens on household goods.	; preparation and filing of ions pursuant to 11 USC				
6.		(s), the above-disclosed fee does not include the following service: f the debtors in any dischargeability actions, judicial lien avoidancary proceeding.	es, relief from stay actions or				
		CERTIFICATION					
this	I certify that the foregoing is bankruptcy proceeding.	a complete statement of any agreement or arrangement for payment to me for re	epresentation of the debtor(s) in				
Date	ed: June 24, 2015	/s/ Rayed Yasin					
		Rayed Yasin					
		Victory Law Office 3818 S. Harlem Ave.					
		Lyons, IL 60527					
		312-600-7000 Fax: 708-777-1638					
		rvasin@victorylawoffice.com					

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

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B 201B (Form 201B) (12/09)

United States Rankruntey Court

	Oli	Northern District of Illinois	ourt	
In re	Miriam Torres		Case No.	
		Debtor(s)	Chapter	7
		N OF NOTICE TO CONSUL 342(b) OF THE BANKRUPT Certification of Debtor	`	~)
ode.	I (We), the debtor(s), affirm that I (we) h		notice, as required by	§ 342(b) of the Bankruptcy
Mirian	n Torres	χ /s/ Miriam To	orres	June 24, 2015
Printed	d Name(s) of Debtor(s)	Signature of I	Debtor	Date
Case N	No. (if known)	X		
		Signature of J	Joint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

United States Bankruptcy Court Northern District of Illinois

In re	Miriam Torres		Case No.	
mie	Miliani Torres	Debtor(s)	Chapter 7	
	VF	ERIFICATION OF CREDITOR M	MATRIX	
		Number o	f Creditors:	23
	The above-named Debtor(s) (our) knowledge.) hereby verifies that the list of credi	tors is true and correct to t	he best of my
Date:	June 24, 2015	/s/ Miriam Torres Miriam Torres Signature of Debtor		

Bk Of Amer Po Box 982235 El Paso, TX 79998

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Chase Card Po Box 15298 Wilmington, DE 19850

Comenity Bank/Carsons 3100 Easton Square Pl Columbus, OH 43219

Comenity Bank/Roomplce Po Box 182789 Columbus, OH 43218

Comenity Bank/Vctrssec Po Box 182789 Columbus, OH 43218

John Stroger Hospital PO Box 70121 Chicago, IL 60673

Kohls/Capone N56 W 17000 Ridgewood Dr Menomonee Falls, WI 53051

Mcydsnb 9111 Duke Blvd Mason, OH 45040

Mile Square 1220 South Wood Street Chicago, IL 60608

Nationwide Credit PO Box 26314 Lehigh Valley, PA 18002 Syncb/Old Navy Po Box 965005 Orlando, FL 32896

Syncb/Sams Club Po Box 965005 Orlando, FL 32896

Syncb/Tjx Cos Po Box 965005 Orlando, FL 32896

Syncb/Walmart Po Box 965024 Orlando, FL 32896

Td Bank Usa/Targetcred Po Box 673 Minneapolis, MN 55440

UIC Pathology 4810 Paysphere Circle Chicago, IL 60674

UIC Physician Group 3293 Payshere Circle Chicago, IL 60674

UIC Physician Group 3293 Payshere Circle Chicago, IL 60674

University of Illinois Hospital PO Box 12199 Chicago, IL 60612

University of Illinois Hospital PO Box 12199 Chicago, IL 60612

University of Illinois Hospital PO Box 12199 Chicago, IL 60612 University of Illinois Hospital PO Box 12199 Chicago, IL 60612